



MONTANA BOARD OF MEDICAL EXAMINERS
301 S PARK, P O BOX 200513
HELENA, MT 59602
406-841-2364

License No. _____

Status: _____

NAME: _____

Address: _____

City: _____ State: _____ Zip: _____

ADDRESS CORRECTION ONLY:

Name: _____

Street: _____

City: _____

State: _____

Zip/Country: _____

Your Montana Telemedicine license will expire on October 31st.

In order to renew your **Telemedicine** License:

- 1) Complete the renewal application.
- 2) Answer the disciplinary question at the bottom of the form.
- 3) Submit a check or money order for **\$150.00** make payable to the Board of Medical Examiners. Do not send cash. Canadian Residents pay in U.S. funds only.
- 4) Renewal with a U.S. Postal Service postmark after October 31st will be assessed a penalty fee by state law of \$150.00, for a total of \$300.00. **NO WAIVER OF PENALTY FEE!**
- 5) Sign and date the renewal form.
- 6) Return the renewal application and fee to the Board office postmarked by October 31st.
- 7) You may not practice as a Physician in Montana after October 31st until you have renewed your license.
- 8) You may not prescribe medication while on inactive or retired status.
- 9) If you wish to activate an inactive license, please contact the Board Office
- 10) If you do not wish to renew, please indicate on this form, answer the disciplinary question, sign and date below.
- 11) Incomplete renewal applications will be returned and may be subject to a penalty fee, if the completed renewal application is not received in the Board office postmarked by October 31st.

Please confirm the following information and make any changes necessary.

Physician Work Phone: _____

Physician Home Phone: _____

Agent's Name: _____

Agent's Phone: _____

Yes No - Have any legal or disciplinary actions been instituted against you since your renewal? If so, please attach copies of the document that initiated each action and all final orders. Mont. Code Ann. 37-1-105 requires that you report this information. Failure to accurately furnish the information is grounds for denial or revocation of your license.

Your Signature: _____

Date: _____

Do Report:

1. A criminal action arising out of your medical practice. Attach a copy of the “indictment,” or other initiating documents.
2. A malpractice judgment or verdict against you and/or a criminal judgment or verdict against you. Attach a copy of the “Judgment,” “Verdict,” “Order,” or “Final Order”.
3. A state licensing board order of revocation, suspension, probation, censure, fine, restriction on your license or other discipline. Attach a copy of the “Final Order” or other concluding document(s).
4. Medicaid/Medicare sanctions taken against you by DPHHS. Attach a copy of the pertinent document(s).

Do Not Report:

1. A claim filed with your insurance carrier.
2. A Claim or proceeding before the Medical-Legal Panel.

*****IF YOU ANSWER “YES” TO ANY OF THESE QUESTIONS, PLEASE EXPLAIN IN DETAIL ON SEPARATE
PIECE OF PAPER*****

Yes No - Have you experienced any physical or mental condition the last renewal period, not otherwise Reported to the Board or the Montana Professional Assistance Program, which might adversely affect any aspect of your medical practice?

Yes No - Have you, during the last renewal period, engaged in habitual intemperance, the excessive use of, or been under the influence of, any addictive or mind-altering substance while on duty or on call (not otherwise reported to the Board or the Montana Professional Assistant Program)?

Yes No - Have you, during the last renewal period, lost, voluntarily relinquished or been refused privileges in any hospital?

Yes No - Have you, during the last renewal period, lost, voluntarily relinquished or been refused any prescribing privileges?

Yes No -Have you, during the last renewal period, voluntarily surrendered, cancelled, been limited or restricted, failed to renew or entered into a consent agreement with respect to your license during a disciplinary investigation or in lieu of disciplinary action or been denied a state license to practice or specialty board certification?